COHEN ET AL. RESPOND TO RUMM

We have never been "dismissive" of the potential threats posed by biological, chemical, or nuclear weapons. On the contrary, we have worked over many years to prevent the use of these weapons by nation states (usually termed "war") or by individuals or groups (often termed "terrorism"). As we stated in our commentary, "war, poverty, environmental degradation, and misallocation of resources are the greatest root causes of worldwide mortality and morbidity, as well as ultimately being the underlying causes of terrorism itself." It is our view that a "war on terrorism" is a dysfunctional way to prevent terrorism and the use of these weapons.

With regard to "terrorism preparedness," our evidence that current funding is an "empty promise" is given in our commentary. We cited reports that state and local funding cuts and unfunded federal mandates like the smallpox campaign have undercut or outweighed increases in federal spending,[1,2] and others have expressed concern about this.[3] Centralized data have not been collected, but local reports are consistent. For example, a Virginia health district director reported that 2 new positions were created with federal funds but the mandated activities re-

quired the effort of at least 4 full-time employees, so that resources had to be diverted from school health, communicable disease, and environmental health programs (S. Allan, MD, JD, MPH, oral communication, October 18, 2004). A study of California public health programs reported "substantial evidence that reassignments of staff to accomplish preparedness functions, as well as cuts to public health budgets at a county level that have resulted from the current fiscal pressures are compromising other public health functions. Multiple examples of retrenchments in essential programs (such as sexually transmitted disease and tuberculosis contact tracing or teen pregnancy prevention programs) were provided during key informant interviews."[4(p7)]

Furthermore, some bioterrorism preparedness programs may do more harm than good. The proliferation of laboratories studying bioterrorism agents such as anthrax increases the risk of accidental releases[5] as well as deliberate releases, such as the 2001 dissemination of militarized anthrax spores linked to US military research.[6]

Bioterrorism preparedness programs have turned public health priorities upside down. Huge resources were expended to produce and distribute smallpox vaccine and conduct the failed campaign to inoculate 500 000 health workers without evidence of imminent risk of exposure to a disease eradicated from the ecosphere more than 20 years ago.[7] Contrast this with the most recent shortage of influenza vaccine. The government was oblivious to warnings of the impending crisis[8] despite serious problems in 3 of the previous 4 flu seasons.[9] The lack of attention to and resources for public education about flu and for manufacturing and distribution of the vaccine represented public health negligence in the face of an estimated 36 000 flu-related deaths in the United States *every year*.

Rumm suggests that bioterrorism programs can be adapted to address critical public health needs. Instead, let's get our priorities straight and address the issues that cause the preponderance of morbidity and mortality in the United States and the world: endemic and epidemic disease, environmental and industrial hazards, and lack of clean water, nutrition, housing, sanitation and preventive medicine. A public health system equipped for these major challenges will be able to handle the unlikely event of a major bioterrorism incident. ■

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